

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101059

1. Entity Name

BREAKOUT PRODUCTIONS, INC

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90154 034 \*\*\*150.00

Principal Place of Business

11440 OKEECHOBEE BLVD STE 219  
ROYAL PALM BCH FL 33411

Mailing Address

11440 OKEECHOBEE BLVD STE 219  
ROYAL PALM BCH FL 33411

765567

2. Principal Place of Business

13847 S.W. 41 ST

Suite, Apt. #, etc.

3. Mailing Address

13847 S.W. 41 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAVITZ, BRUCE I ESQ  
11440 OKEECHOBEE BLVD STE 219  
ROYAL PALM BCH FL 33411

Name **RICHARD PERRY**

Street Address (P.O. Box Number is Not Acceptable)

13847 S.W. 41 ST

City **DAVIE**

**FL**

Zip Code

**33330**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Richard Perry*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **RICHARD PERRY**  
CITY-ST-ZIP **13847 S.W. 41 ST**  
**DAVIE, FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Perry* **RICHARD PERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/01

Date

(954) 577-7991

Daytime Phone #

CR2E034 (10/00)